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Attorneys for Petitioner  
 X-TREME PARASAIL, INC.

**IN THE UNITED STATES DISTRICT COURT**

**FOR THE DISTRICT OF HAWAII**

In the Matter	)	Civil No.: CV04-00730 BMK
	)	
of	)	<b>IN ADMIRALTY</b>
	)	
The Complaint of X-TREME PARASAIL, a Hawaii corporation, regarding Motor Vessel X-TREME, Official Number 1153017 for exoneration from or limitation of liability,	)	PETITIONER X-TREME PARASAIL, INC.'S RESPONSES TO CLAIMANTS HEALY BARTLETT AND STEVE JAQUES' FIRST REQUEST FOR ANSWERS TO INTERROGATORIES; EXHIBITS "A" AND "B"
Petitioner.	)	
	)	
	)	

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**PETITIONER X-TREME PARASAIL, INC.'S RESPONSES TO CLAIMANTS HEALY  
 BARTLETT AND STEVE JAQUES' FIRST REQUEST FOR ANSWERS TO  
 INTERROGATORIES**

**EXHIBIT C**

2. Vessel operation;
3. Chute inflation;
4. Passenger flight;
5. Passenger safety briefing;
6. Accident response; and
7. Training required by the U.S. Coast Guard (i.e., fire drills, man over board drills, steering casualty, etc.)

INTERROGATORY NO. 8:

Please state in full detail all causes of the subject accident of which Petitioner is aware, and if failure of any gear or equipment was a cause, please state the manufacturer, distributor, and seller of the gear or equipment, and when Petitioner bought or otherwise acquired it.

RESPONSE TO INTERROGATORY NO. 8:

Petitioner objects to this interrogatory on the grounds that to the extent that it seeks information protected from disclosure by the attorney-client privilege and/or the work product doctrine, and it is compound, calls for speculation, is vague and ambiguous, overly burdensome, and oppressive.



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ROY Y. YEMPUKU  
Attorney for Petitioner  
X-TREME PARASAIL, INC

Without waiving any objection, Petitioner responds as follows:

The accident was caused by the parting of the tow line. The tow line parted under normal weather, normal operating conditions and within the safe operating parameters as determined by

the manufacturer. The line was manufactured by Samson Rope Technologies. The line was purchased separately from the vessel and installed as part of the original equipment on the new M/V X-Treme, which began operations in July of 2004.

INTERROGATORY NO. 9:

Please state everything Petitioner did in exercising "due and reasonable diligence in preparing the M/V X-Treme for commercial employment on August 19, 2004 and in ensuring that the M/V X-Treme was a seaworthy vessel," as described in paragraph 6 of Petitioner's Complaint, and state the full names, addresses, phone numbers and email addresses of all persons having personal knowledge of what Petitioner did in these regards.

RESPONSE TO INTERROGATORY NO. 9:

Petitioner objects to this interrogatory to the extent that it seeks information protected from disclosure by the attorney-client privilege and/or the work product doctrine, and on the grounds that it is compound, calls for speculation, is vague and ambiguous, overly burdensome, and oppressive, argumentative and that Paragraph 6 of Petitioner's Complaint speaks for itself.

  
\_\_\_\_\_  
ROY Y. YEMPUKU  
Attorney for Petitioner  
X-TREME PARASAIL, INC

Without waiving any objection, Petitioner includes, without limitation, the following facts in response to this Interrogatory:

1. The M/V X-Treme and all of its machinery, gear and equipment, including the tow line were new, less than 60 days old;
2. The M/V X-Treme was specifically designed to be used for parasail operations;

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA MISSLE NOTIFICATION NUMBER				
SECTION I. GENERAL INFORMATION										
1. Name of Vessel or Facility <b>X-TREME</b>		2. Official No. <b>1153017</b>		3. Nationality <b>U.S.A.</b>		4. Call Sign <b>WDB8525</b>				
5. Type (Towing, Freight, Fish, Drill, etc.) <b>Coastwise</b>		7. Length <b>31'</b>		6. Gross Tons <b>13 GRT</b>		9. Year Built <b>2004</b>				
10. Propulsion (Steam, diesel, gas, turbine,...) <b>Diesel</b>		11. Hull Material (Steel, Wood,...) <b>FRP (fiberglass)</b>		12. Draft (ft - in.) <b>FWD 12" AFT 18"</b>		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) <b>N/A</b>				
14. Date (of occurrence) <b>8/19/04</b>		15. TIME (Local) <b>17/1730</b>		16. Location (See Instruction No. 10A) <b>Mamala Bay</b>						
17. Estimated Loss of Damage TO:  <b>VESSEL N/A</b> <b>CARGO N/A</b> <b>OTHER N/A</b>				18. Name, Address & Telephone No. of Operating Co. <b>X-Treme Parasail, Inc.</b> <b>P.O. Box 8492</b> <b>Honolulu, Hawaii 96830-0492</b>						
19. Name of Master or Person in Charge <b>James Regelbrugge, Jr.</b>		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot <b>N/A</b>		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO State License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
19a. Street Address (City, State, Zip Code) <b>1201 Wilder Ave., #2304</b>		19b. Telephone Number <b>223-3361</b>		20a. Street Address (City, State, Zip Code) <b>N/A</b>		20b. Telephone Number <b>N/A</b>				
21. Casualty Elements (Check as many as needed and explain in Block 44.)										
NO. OF PERSONS ON BOARD <b>12 Pax</b>		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input checked="" type="checkbox"/> INJURED - HOW MANY? <b>1</b> <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____						
<input type="checkbox"/> DEATH - HOW MANY? <input type="checkbox"/> MISSING - HOW MANY? <input checked="" type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION: (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE										
22. Conditions										
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR				
						E. DISTANCE (miles) <b>horizon</b>				
						F. AIR TEMPERATURE <b>84</b> (F)				
						G. WIND SPEED & DIRECTION <b>0 - 12</b> East				
						H. CURRENT SPEED & DIRECTION <b>East</b>				
23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____		24. Last Port <b>Kewalo Basin</b> Where Bound				
						24a. Time and Date of Departure <b>1630</b> <b>8/19/04</b>				
25.	25a. FOR TOWING ONLY	NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW. WITH TOW- BOAT(S)	Length	Width	25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
SECTION II. BARGE INFORMATION										26e. USCG Certificate of Inspection Issued at:
26. Name			26a. Official Number			26b. Type	26c. Length	26d. Gross Tons		
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft <b>FWD</b>			AFT	26i. Operating Company:				
26j. Damage Amount <b>BARGE</b> <b>CARGO</b> <b>OTHER</b>			26k. Describe Damage to Barge							

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## SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved		27a. Name (Last, First, Middle Name) <b>Jacques, Steven</b>	27c. Status <input checked="" type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
<input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED	27b. Address (City, State, Zip Code) <b>1744 N. 350 West, North Ogden, Utah, 84414</b>	
28. Birth Date Unknown		29. Telephone No. Unknown	30. Job Position Unknown
31. (Check here if off duty) <input type="checkbox"/>			

32. Employer - (if different from Block 18, fill in Name, Address, Telephone No.)

**Unknown**

33. Person's Time		YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) <b>N/A</b>
A. IN THIS INDUSTRY -		<b>N/A</b>		
B. WITH THIS COMPANY -		<b>N/A</b>		35. Was the Injured Person Incapacitated 72 Hours or More? <b>Yes</b>
C. IN PRESENT JOB OR POSITION -		<b>N/A</b>		36. Date of Death <b>N/A</b>
D. ON PRESENT VESSEL/FACILITY -		<b>N/A</b>		
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		<b>N/A</b>		

37. Activity of Person at Time of Accident

**Parasailing**

38. Specific Location of Accident on Vessel/Facility

**N/A**

39. Type of Accident (Fall, Caught between, etc.)

**Parasailing**

40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)

**Exact etiology unknown**

41. Part of Body Injured

**Head**

42. Equipment involved in Accident

43. Specific Object, Part of the Equipment in block 42, or Substance (Chemical, Solvent, etc.) that directly produced the injury.

## SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

On August 19, 2004, the M/V X-TREME, O.N. 1153017, was conducting routine parasail operations in Mamala Bay, approximately  $\frac{1}{2}$  mile south of the sea buoy for the Kewalo Basin channel. James M. Regelbrugge, Jr. was operating the Vessel and Jason Bernt was the deck hand. Between 1700-1730, two passengers, Ms. Healy Bartlett and Mr. Steve Jacques, were parasailing when the tow line parted. The chute remained fully inflated and the passengers were retrieved by Messrs. Regelbrugge and Bernt after they landed in the ocean. The crew tended to Ms. Bartlett and Mr. Jacques, rendering first aid until the Vessel returned to Kewalo Basin and they were released to the custody of emergency personnel.

Drugs/alcohol did not cause/contribute to the tow line parting. At all times before and after the line parted all equipment and machinery on the Vessel, including the chute and harness, was in good order, condition and functioned properly.

45. Witness (Name, Address, Telephone No.)

**James Regelbrugge, Jr., 1201 Wilder Ave., #2304, Hon., Hi. 96822**

46. Witness (Name, Address, Telephone No.)

**Jason Bernt,**

## SECTION V. PERSON MAKING THIS REPORT

47c. Title

**Attorney In Fact**

47. Name (PRINT) (Last, First, Middle)

47b. Address (City, State, Zip Code)

47d. Telephone No.

**Ho, Bryan Y.Y.****Suite 1614, Davies Pacific Center  
841 Bishop Street, Hon. Hi. 96813****541-9799**

47a. Signature

**Bryan Y.Y.H.**47e. Date **8/25/04**

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry:

MISLE Incident Investigation Activity Number (if applicable)

 NONE    PRELIMINARY    DATA COLLECTION    INFORMAL    FORMAL

Serious Marine Incident  Yes  No  
 Major Marine Casualty  Yes  No

INVESTIGATOR (Name)

DATE

APPROVED BY (Name)

DATE

STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
DIVISION OF BOATING & OCEAN RECREATION  
333 Queen St., Rm. 300  
Honolulu, Hawaii 96813

## BOATING ACCIDENT REPORT

REPORT NUMBER (for official use only):

The operator/owner of a vessel used for recreational purposes is required to file, within forty-eight hours, any accident resulting in the loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$200 or complete loss of the vessel. All other accidents are required to be reported within seven days of the accident. This form is provided to assist the operator/owner in filing the required written report. PLEASE COMPLETE BOTH SIDES OF THE FORM.

Accident Date: August 19, 2004

Waterway: Māmala Bay

Nearest Town: Honolulu

County: Honolulu

WEATHER:  
 Clear  
 Cloudy  
 Rain  
 Hazy  
 Foggy

VISIBILITY:

Good  
 Fair  
 Poor

WIND: 1700-1730  
 None  
 Light 0-5 mph  
 Moderate 5-14 mph  
 Strong 15-25 mph

Number Towed: 0

Number Injured: 1

Number of Vessels in Accident: 1

Number of People on Board: 12 PAX

Time: a.m. p.m. -

0

1

1

2 Crew

Disappearance

[ ]

Alcohol involved

[ ]

Rented Vessel

[ ]

Damages &gt; than \$200?

[ ]

Injury or First Aid

[ ]

WATER CONDITIONS:  
 Calm: waves < 6"  
 Choppy: waves 6"-2'  
 Rough: waves 2"-6'  
 Very rough: waves >6"

Water Temp: \_\_\_\_\_

Air Temp: 84

[ ] Strong Current

TYPE OF ACCIDENT: (a maximum of 3 choices)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Capsizing                   | <input type="checkbox"/> Grounding              | <input type="checkbox"/> Skier Mishap         | <input type="checkbox"/> Struck by Submerged Object |
| <input type="checkbox"/> Collision w/Fixed Object    | <input type="checkbox"/> Falls Overboard        | <input type="checkbox"/> Sinking              | <input type="checkbox"/> Other: Parasailing         |
| <input type="checkbox"/> Collision w/Floating Object | <input type="checkbox"/> Fire/Explosion (Fuel)  | <input type="checkbox"/> Starting Engine      |   |
| <input type="checkbox"/> Collision w/Vessel          | <input type="checkbox"/> Fire/Explosion (Other) | <input type="checkbox"/> Struck by Boat       |   |
| <input type="checkbox"/> Fall in Boat                | <input type="checkbox"/> Flooding/Swamping      | <input type="checkbox"/> Struck by Motor/Prop |   |

CAUSE OF ACCIDENT: (a maximum of 3 choices)

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Alcohol Use          | <input type="checkbox"/> Congested Waters         | <input type="checkbox"/> Careless/Reckless Operation     | <input type="checkbox"/> Drug Use                    | <input type="checkbox"/> Equipment Failure      |
| <input type="checkbox"/> Excessive Speed      | <input type="checkbox"/> Failure to Vent          | <input type="checkbox"/> Hazardous Waters                | <input type="checkbox"/> Hull Failure                | <input type="checkbox"/> Ignition of Fuel/Vapor |
| <input type="checkbox"/> Improper Anchoring   | <input type="checkbox"/> Improper Loading         | <input type="checkbox"/> Lack of or Improper Boat Lights | <input type="checkbox"/> Machinery Failure           |   |
| <input type="checkbox"/> Operator Inattention | <input type="checkbox"/> Operator Inexperience    | <input type="checkbox"/> Overloading                     | <input type="checkbox"/> Passenger Skier Behavior    |   |
| <input type="checkbox"/> Restricted Vision    | <input type="checkbox"/> Rules of Road Infraction | <input type="checkbox"/> Sharp Turn                      | <input type="checkbox"/> Standing/Sitting on Gunwale |   |
| <input type="checkbox"/> Starting in Gear     | <input type="checkbox"/> Weather                  | <input type="checkbox"/> No Proper Lookout               | <input type="checkbox"/> Other (describe): _____     |   |

MACHINERY FAILURE:

- Electrical     Engine     Fuel System     Shift     Steering     Throttle     Ventilation

EQUIPMENT FAILURE:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Auxiliary      | <input type="checkbox"/> Communication    | <input type="checkbox"/> Fire Extinguisher not serviceable |
| <input type="checkbox"/> Sail Demasting | <input type="checkbox"/> Seat Broke Loose | <input type="checkbox"/> Sound Producing Equipment         |
|   |   | <input type="checkbox"/> Visual Distress Signal            |

ACCIDENT DESCRIPTION: (attach additional sheets if necessary)

Between 1700-1730 hours, August 19, 2004, the tow line attached the parasail parted. Both passengers being flown bumped their forehead. One passenger was hospitalized for observation for four days and released.

NON-VESSEL PROPERTY DAMAGE:

Est. Amount: \$ N/A

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Description of Property:

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: (H) \_\_\_\_\_ (W) \_\_\_\_\_

OPERATOR (If different than owner):Operator Status:  Alive  Deceased  M  F

Name: James M. Regelbrugge, Jr.

Address: 1201 Wilder Ave. #2304, Hon., Hi

Date of Birth: 6/19/67

City: Honolulu

Zip: 96822

Tele: (H) 223-3361 (W) \_\_\_\_\_

OPERATOR EDUCATION: None Informal State Course USCG Auxiliary American Red Cross US Power SquadronOPERATOR EXPERIENCE: Under 10 hours 10-100 hours Over 100 hoursOperated While Intoxicated Arrest:  Y  N

# of Other Boating Citations: \_\_\_\_\_

VESSEL INFORMATION:

Model: X-TREME Boat Name: X-TREME

Registration Number: 1153017

Hull I.D. Number: QNX00024C4 Boat Length: 31'

Year Built: 2004 Fuel:  Gas  Diesel

Number of Engines: 1 Horse Power: 420

Documented Number: 1153017

OWNER: Name: X-Treme Parasail, Inc.

Date of birth: \_\_\_\_\_

if different Address: P.O. Box 8492

from operator) City: Honolulu

Zip: 96839-0492

Tele: (H) \_\_\_\_\_ (W) 737-3599

BOAT TYPE: Open Motorboat Cabin Motorboat HULL MATERIAL: Auxiliary Sail Sail (only) Wood Rowboat Canoe/Kayak Steel Thrill Craft Pontoon Aluminum Houseboat Other Fiberglass Rigid Hull Other Inflatable Rubber/Vinyl/CanvasPROPELLION: Propeller Water Jet Air Thrust Manual SailENGINES: Outboard Inboard Inboard/Stern Drive

ON BOARD:On Board:  Y  N  
Were PFD's Used:  Y  NFIRE EXTINGUISHERType(s): \_\_\_\_\_  
On Board  Y  N  
Were They Used:  Y  NOPERATION AT TIME OF ACCIDENT (a maximum of 3 choices):

- Changing Speed  Changing Direction  Cruising  Drifting  Towing Another Boat  Being Towed  
 Rowing/Paddling  Sailing  Launching  Docking/Undocking  At Anchor  
 Tied to Dock/Mooring  Other (describe): Operating parasail vessel with 2 Pax in chute

SPEED:  Not moving  Under 10mph  10-20mph  21-40mphVESSEL DAMAGE (estimate): \$ N/AACTIVITY AT TIME (a maximum of 3 choices):  Commercial Fishing  Diving/Swimming  Fishing  Fueling  
 Racing  Repairs  Skiing/Tubing  Starting Engine  TournamentINJURY #1 (if more than 2 injuries, attach additional sheets)  
Name: Steve Jacques Tele: \_\_\_\_\_  
Address: 1744 N. 350 West  
City: North Ogden Zip: 84414 Date of Birth: \_\_\_\_\_  
INJURY CAUSED BY:  Impact w/Boat  Impact w/Water  Impact w/Fixed Object  Struck by Boat  Propeller Injury  
 Treatment More than First Aid  Admitted to Hospital  
PFD worn?  Y  NPRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):  
 Amputation  Back Injury  Broken Bone(s)  Burns  Contusion  
 Dislocation  Head Injury  Hypothermia  Internal Injuries  Laceration  
 Neck Injury  Shock  Sprain/Strain  Spinal Injury  TeethINJURY #2  
Name: \_\_\_\_\_ Tele: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
INJURY CAUSED BY:  Impact w/Boat  Impact w/Water  Impact w/Fixed Object  Struck by Boat  Propeller Injury  
 Treatment More than First Aid  Admitted to Hospital  
PFD worn?  Y  NPRIMARY INJURY AND/OR SECONDARY INJURY (mark primary as number 1 and secondary as number 2):  
 Amputation  Back Injury  Broken Bone(s)  Burns  Contusion  
 Dislocation  Head Injury  Hypothermia  Internal Injuries  Laceration  
 Neck Injury  Shock  Sprain/Strain  Spinal Injury  TeethFATALITY #1 (if more than 2 fatalities, attach additional sheets)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
VICTIM WAS:  Operator  Passenger  Swimmer  Waterskier  
DEATH CAUSED BY:  Drowning  Hypothermia  Trauma  Propeller Injury  
 Other (describe): \_\_\_\_\_FATALITY #1 ACTIVITY:  
 Fishing  Swimming  Waterskiing  Skin Diving  Other  
PFD Worn:  Y  N Type of PFD worn: I II III IV V  
Victim Disappeared  Y  N Ability to Swim:  Y  NFATALITY #2:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
VICTIM WAS:  Operator  Passenger  Swimmer  Waterskier  
DEATH CAUSED BY:  Drowning  Hypothermia  Trauma  Propeller Injury  
 Other (describe): \_\_\_\_\_FATALITY #2 ACTIVITY:  
 Fishing  Swimming  Waterskiing  Skin Diving  Other  
PFD Worn:  Y  N Type of PFD worn: I II III IV V  
Victim Disappeared  Y  N Ability to Swim:  Y  NWITNESSES (Please provide names, addresses and phone numbers of witnesses, if any):

Ph.

Ph.

Signature: Bryan Y.Y. Ho  
Address: 841 Bishop St., #1614  
Honolulu, HI 96813PERSON COMPLETING REPORTPrinted Name: Bryan Y.Y. Ho  
Date Submitted: August 25, 2004

H: Ph 864-4071

B: Ph 541-9799

FOR OFFICIAL USE ONLY:  
Reviewed By: \_\_\_\_\_  
Date Received: \_\_\_\_\_